PTO/SB/61 (06-03)
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id to a collection of information unless it displays a valid OMB control number Application Number 10/580.088 May 18, 2006 Filing Date POWER OF ATTORNEY First Named Inventor Kim Marie HUTCHINGS and ANTIBACTERIAL AGENTS Title CORRESPONDENCE ADDRESS Art Unit INDICATION FORM **Examiner Name** Attorney Docket Number PC32000A I hereby appoint: 28523 Practitioners at Customer Number Practitioners named below: Name Registration Number as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith. Please recognize or change the correspondence address for the above-identified application to: The above-mentioned Customer Number. OR The address associated with Customer Number OR Firm or Individual Name Address Address City State Zip Country Telephone Fax i am the: Applicant/Inventor. Assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96). SIGNATURE of Applicant or Assignee of Record Kim Marie HUTCHINGS Name Signature 22,2017 NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*. Total of 7 forms are submitted.

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POWER OF ATTORNEY and CORRESPONDENCE ADDRESS INDICATION FORM			Filing Date		May 18, 2006		
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Name	Tuan Phong TRAN						
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U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE Under the Paperwork Reduction Act of 1995, no persons are ren unless it displays a valid OMB control number Application Number 10/580,088 Filing Date May 18, 2006 POWER OF ATTORNEY First Named Inventor Kim Marie HUTCHINGS ANTIBACTERIAL AGENTS CORRESPONDENCE ADDRESS Art Unit INDICATION FORM **Evaminer Name** Attorney Docket Number PC32000A I hereby appoint: 28523 Practitioners at Customer Number OR Practitioners named below: Registration Number Name as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith. Please recognize or change the correspondence address for the above-identified application to: The above-mentioned Customer Number. OR The address associated with Customer Number OR Firm or Individual Name Address Address City State Zip Country Fax Telephone I am the: Applicant/Inventor. X Assignee of record of the entire interest, See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed, (Form PTO/SB/96). SIGNATURE of Applicant or Assignee of Record

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Edmund Lee ELLSWORTH

Feb 22, 200 NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple

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Name

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including garboring, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to occepted with form ender suggestions for reducing fits burden, should be sent to the Chief Information Office, U.S. Potentiand Trademark Office, U.S. Department of Commence, P.O. Box 1469, (Assentidae, VA 22313-1450, O.D NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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		Filing Date		May 18, 2006			
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Name	Jackie Diane KENDALL						
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Date	26 February 2007						
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